North Dakota Behavioral Health Planning Council Meeting Minutes

Date: July 16, 2025
Location: Job Service ND Office, Dakota Room, Bismarck, ND/10:00 AM – 4:00 PM CT with no virtual option available this meeting due to meeting format.

Council Members in Attendance

Heather Call (ND National Guard); Melanie Gaebe (Consumer, Individual in Recovery SUD, Chair); Andrea Hochhalter (Consumer, Family Member of an Individual in Recovery); Denise Harvey (Protection and Advocacy); Jennifer Henderson (Principal State Agency: Housing); Megan Indvik (MH & SU Advocacy Org); Kristi Kilen (Private Mental Health Provider); Amanda Peterson (Principal State Agency: NDDPI Education); Emma Quinn (Consumer, Individual in Recovery MH); Paul Stroklund (Consumer, Family Member of an Adult with SMI); Richard Smith (Consumer, Family Member of Veteran) Kurt Snyder (Consumer, Individual in Recovery); Brad Hawk (Indian Affairs Commission); Joseph Jahner (Individual in Recovery MH); Carlotta McCleary (Youth MH & SU Advocacy); Michael Salwei (Consumer, Health Care); Antonia Berning-Scilley on behalf of Dan Cramer (DHHS Behavioral Health Delivery System);and Kelly McGrady (Consumer, Member at Large).

Council Members Absent

Cheryl Anderson (DHHS Vocational Rehabilitation); Brenda Bergsrud (Consumer Family Network); Melissa Kainz (Principal State Agency, Medicaid); Michelle Massett (Principal State Agency: Social Services); Glenn Longie (Tribal Behavioral Health); Pamela Sagness (Principal State Agency: DHHS Mental Health) Phil Sorenson (Consumer, Veteran). Tania Zerr (Consumer, Family Member of a Child with SED); Nancy Maier (DHHS Aging Services) and Mark Schaefer (Consumer, Private SUD Treatment Provider).

Janell Regimbal, facilitator, confirmed a quorum was present.

Call to Order

The meeting was called to order by Chair Melanie Gaebe at 10:02 AM CT, at the ND Job Service office in Bismarck.

Approval of Minutes

Motion by Denise Harvey to approve May 14, 2025, meeting minutes as presented. Seconded by Megan Indvik. Motion carried unanimously.

Approval of Agenda

Motion by Andrea Hochhalter to approve the agenda as presented. Seconded by Paul Stroklund. Motion carried unanimously.

Meeting Business

BHPC Administrative Updates/Discussion Items:

Tami Conrad reported membership updates with new members Kelly McGrady, Phil Sorenson and Nancy Maier appointed effective July 1. Andrea Hochhalter, Kurt Snyder, Tania Zerr, Emma Quinn, and Mark Schaefer were re-appointed for another three-year term. We continue to have an opening for a consumer family member of a child with SED and are awaiting a replacement appointee from the DOCR to replace Dr. Amy Veith.

Janell Regimbal reviewed the DRAFT Conflict of Interest Policy provided as a first review. The history of the evolution of the proposed document was highlighted along with the advisement that had been received from the Attorney General's Office as to appointees being subject to the ethics commission rules found in NDAC Chapter 115-04-01. Feedback to the simplified approach to the drafted policy was positive. A final vote on the item will be taken at the October meeting at its second review as per policy.

Members were reminded that the October meeting of the BHPC is the annual meeting, with election results being announced for Vice Chair. Interested members will be solicited via email and an electronic ballot will be prepared and sent in September in advance of the meeting. We will also set the slate of meeting dates for 2026.

Submitted report Q&A

Members received reports submitted in advance of the meeting by DHHS BHD staff related to the combined application timeline, SUPTRS, MHBG, PMHCA and Pregnant and Parenting Women's program updates, as well as the July report of the Consumer Family Network contract. Staff were available to answer questions. Attendees presented none.

2025 Assessment of Progress Towards the North Dakota Behavioral Health Strategic Plan Activities (see PPT slide deck)

Bevin Croft, Director of Behavioral Health, Human Servies Research Institute, facilitated activities for the remainder of the meeting related to assessing progress of the plan that had its roots in 2016 when she first began working in North Dakota, interviewing well over 100 North Dakotans. Following this an in-depth study was published in 2018. She was the lead writer. The aims outlined in the report are rooted in data of service use and needs of communities. It is important to note that while the contract HSRI has is with the NDHHS BHD, the governance of the plan is with the "community." The BHPC is the accountable body that oversees the plan and its aims.

The first page of the dashboard will be replaced by what the BHPC thinks progress is based on.

BHPC members engaged in a community building activity, with each in attendance sharing “if they had a single use magic wand, what’s the one thing you’d do to change the system to better align with the BHPC’s vision”?

Survey results were reviewed from the survey completed by BHPC members prior to the meeting. The World Café model that was used to review progress was overviewed. Station hosts were introduced and included BHD staff members Lacresha Graham, Tiffany Pinckney, Monica Haugen, Katie Houle, Tami Conrad and BHPC facilitator, Janell Regimbal.:

Recessed for Lunch at 11:30 AM/Reconvened at 12:15 PM

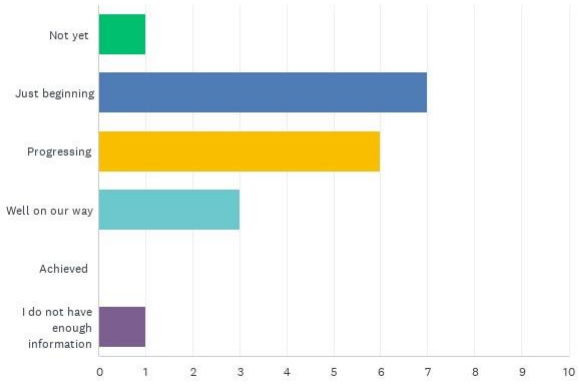
World Café Activities

Members rotated through the various stations to provide feedback on the Aims.

World Café Session Summaries- the graphics provided reflect BHPC member survey results taken prior to the meeting. Each station group was to reflect on the survey rating and survey comments to underscore ideas agreed with; add new ideas; and indicate if the median score seems too high, too low, or just right.

Station A – *Prevention and Community Partnership (Aims 2 & 10)*

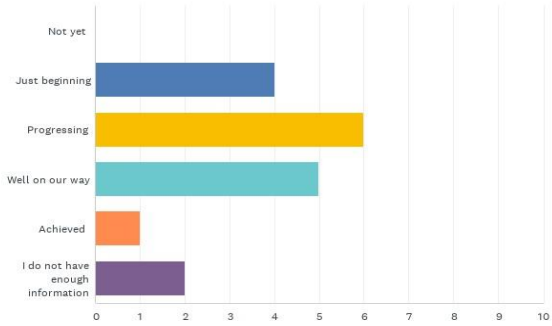
Aim 2: Invest in prevention and early intervention



Median Score = 3 (Progressing)

- Need more progress with mental health prevention and early intervention including school-based programming and trauma-informed early childhood supports
- It might look like a lot has been accomplished on the dashboard, but in practice we’re lacking
- Geographical variation in progress; some areas of the state are more comfortable acknowledging behavioral health issues exist

Aim 10: Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services



Median Score = 3 (Progressing)

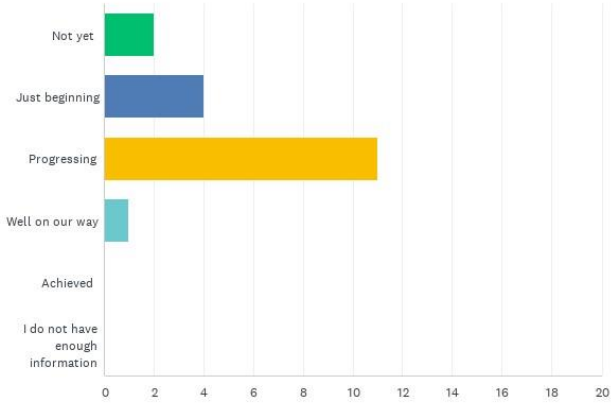
- Need to revisit and refresh this aim – feels stagnant
- It is essential to continue including the voices of persons with lived experience

Small Group Discussion Themes:

- Strong call to **shift systems** and move beyond crisis-based response.
- More **collaborative infrastructure** and **cross-system accountability** are needed.
- A need to **clarify Aim 10's intent**—whether it's monetary, programmatic, or cultural.
- Interest in **diversifying the advocacy community** to include a broader base
- **Prevention work** as it relates to both MH and SUD is underfunded, undervalued.
- **Legislative orientation** and education needs were emphasized.
- Calls for **better clarity and measurement** of community support expectations.
- The consensus was that both aims were scored too high.

Station B – *Access and Tele behavioral Health (Aims 3 & 8)*

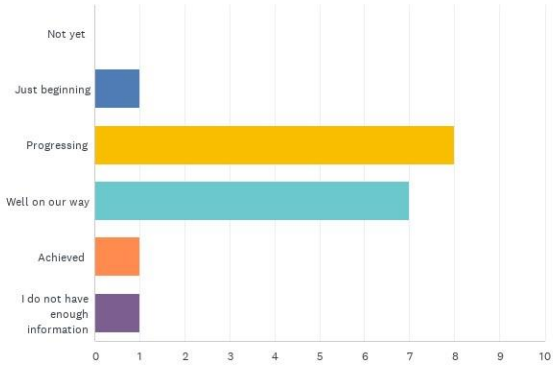
Aim 3: Ensure all North Dakotans have timely access to behavioral health services



Median Score = 3 (Progressing)

- There are still programs with waitlists. Need to increase program capacity
- Rural communities are often left out of progress. Still issues with crisis response in frontier areas
- Access issues persist for veterans (telehealth ineffective)
- We can say "well on our way" when CCBHCs are in place and more mobile units are accessible to residents
- It remains incredibly difficult for people to know where to go and how to access resources

Aim 8: Continue to expand the use of telebehavioral health interventions



Median Score = 3 (Progressing)

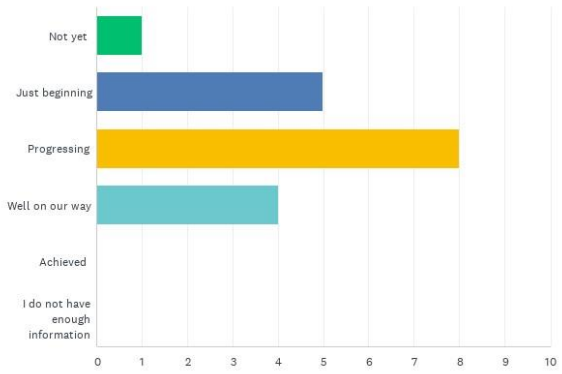
- ND has been at the forefront of rolling out telehealth out of necessity, and we have done it well
- Still have a ways to go because ND is such a rural state. Telehealth is still not available in all parts of the state
- Not everyone likes to use telehealth

Themes:

- **Access issues persist**, especially in rural areas, for veterans, and older populations.
- **Workforce shortage** continues to be a barrier.
- Telehealth praised but **limitations acknowledged** (e.g., platform security, lack of utilization, replacement vs. supplement, broadband issues).
- Need for **system-wide education** for providers and the public on telehealth.
- Aim 8 could possibly be combined within Aim 3.
- Expansion seen, but many feel the **aims remain unfinished ("Not Yet")**.

Station C – *Service Array and System of Care (Aims 4 & 5)*

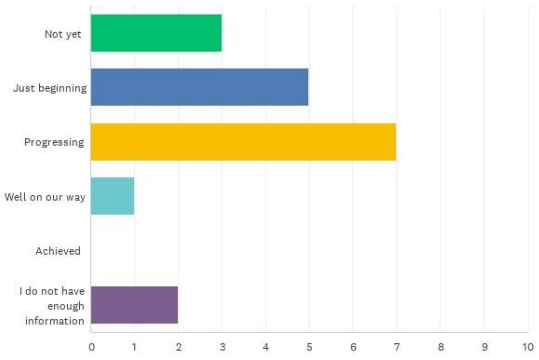
Aim 4: Expand outpatient and community-based service array



Median Score = 3 (Progressing)

- Have made significant strides in peer support especially with Free through Recovery and Community Connect
- Recent legislative session provides more resources for this aim
- Housing continues to be a major challenge
- Rural areas continue to lack services
- State hospital remains a catch-all. Need to shift resources upstream

Aim 5: Enhance and streamline system of care for children with complex needs and their families



Median Score = 2.5 (between Just Beginning and Progressing)

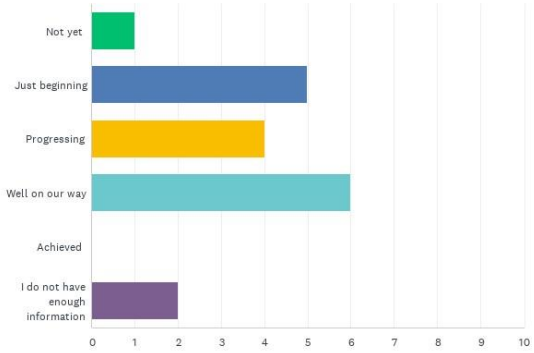
- This is an area that needs significant efforts. Because it is such a huge area, we have a long way to go
- Have made good foundational steps: securing funding, starting services in two regions, partnering with Tribal Nations and advocacy groups
- We lack services for children with complex needs
- For families, it is overwhelming, confusing, and frustrating. Families are left to react to crises rather than getting support early
- Obtaining more information from families would be helpful

Themes:

- **Wraparound services** highlighted as crucial.
- We have built access but there are **limits, and it depends on what population.**
- Concerns about **provider shortages** and **lack of individualized services**.
- System of Care has made progress but needs **deeper integration** and **local control**.
- Desire to **improve transitions** and ensure **peer/family involvement**.
- Expansion needed in **mobile crisis and outpatient care**. We are still **not rural enough**.
- Progress is seen as being in the **early stages**

Station D – *Workforce and Justice Strategy (Aims 6 & 7)*

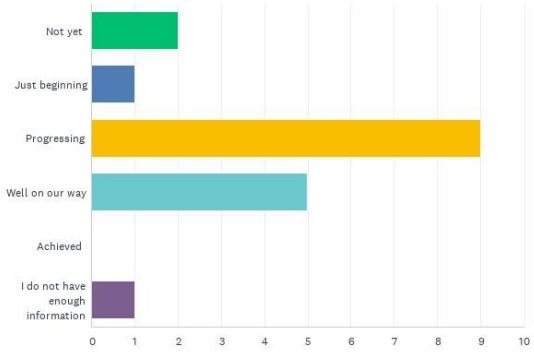
Aim 6: Continue to implement and refine the current criminal justice strategy



Median Score = 3 (Progressing)

- DHHS and DOCR have done a great job implementing strategies in this area. Seems to be a priority for the Governor
- Continue to work on youth diversion
- Revocation of probation issues are filling up jails
- Gaps remain. Continue to strengthen CIT, trauma-informed treatment, and connections to community care
- Seems like this aim might need refreshing/updating

Aim 7: Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce



Median Score = 3 (Progressing)

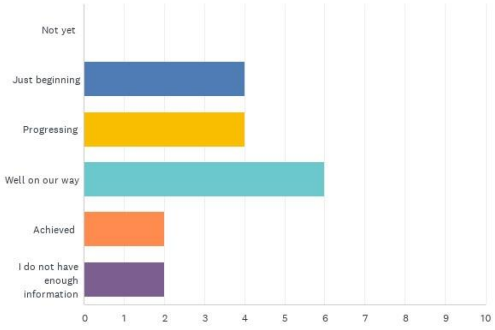
- Still have much work to do around workforce
- Recruitment and retention issues continue to be a major problem
- New legislative changes may ease workforce issues (ACCESS Grant, interstate licensure compacts)

Themes:

- **Workforce recruitment and retention** remain a top concern.
- Good ideas often **lost in implementation** due to lack of role clarity or accountability.
- Mixed reviews of justice systems—**jail settings may have more structure than prisons**.
- **Communication and reentry support** improving, but still inconsistent.
- Highlighted **need for collaboration** across corrections, healthcare, and community partners.
- Both Aim 6 & 7 seen as rated too high – we are just beginning.

Station E – *Person-Centered and Tribal Equity (Aims 9 & 11)*

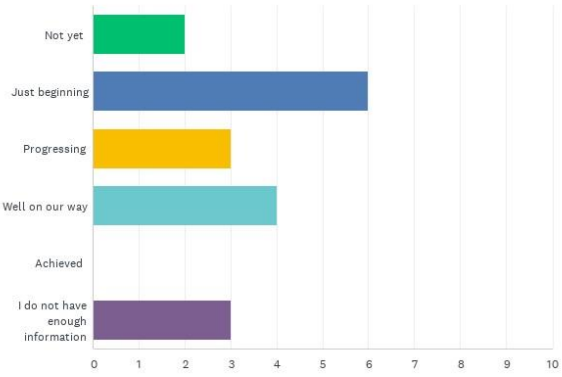
Aim 9: Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches



Median Score = 3.5 (between Progressing and Well on Our Way

- Need to continue to work on trauma-informed approaches across education, justice, and healthcare
- Complete system-wide assessments and use findings to shape action plans
- Have made progress using more person-centered language in laws and policies

Aim 11: Partner with Tribal Nations to increase health equity for American Indian populations



Median Score = 2 (Just Beginning)

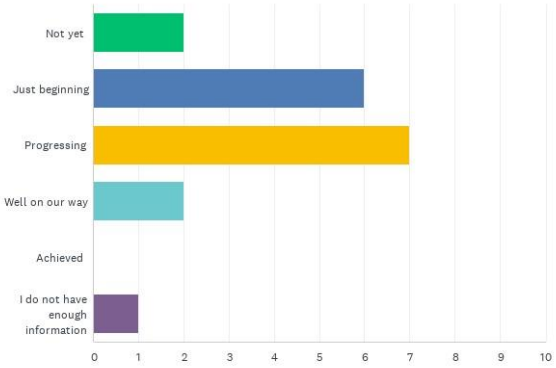
- Partnerships with Tribal Nations continue to strengthen
- Need to expand culturally appropriate services and grants statewide
- This area takes time. Need to move slowly to meet communities on their terms and not simply push for adoption of methods and approaches used in the broader state

Themes:

- System lacks **consistency in trauma-informed care**.
- Recognition that **cultural humility and equity** are needed.
- Need to shift toward **more individualized, whole-person approaches**.
- **Trust-building and partnerships** with Tribal Nations must be authentic and sustained.
- Participants described it as a **"beautiful beginning"** needing continued curiosity and follow-through.
- Ratings are seen as too high- we are just beginning or should be seen as progressing.

Station F – *Funding and Data Monitoring (Aims 12 & 13)*

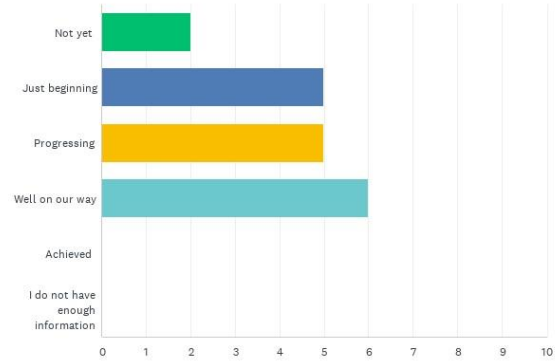
Aim 12: Diversify and enhance funding for behavioral health



Median Score = 3 (Progressing)

- This is a continued work in progress
- 1915(i) rollout was not person-centered - complicated for providers and cumbersome for people seeking services
- Grant freezes at the federal level impede progress
- More resources needed for rural areas

Aim 13: Conduct ongoing, system-wide, data-driven monitoring of need and access



Median Score = 3 (Progressing)

- Data are inconsistent and contradictory
- If there's one thing we have, it's data!
- Silos prevent data flows between agencies and among partners
- Data is only useful if it is applied

Themes:

- Clear call for **diversified, simplified, and equitable funding**.
- 1915(i) waivers and Medicaid initiatives seen as **progress but burdensome**.
- Calls to **collaborate with nonprofits and private sector** for sustainability.
- **Data** is underutilized, inconsistent, and often not translated into practice.
- Emphasis on using data to **demonstrate need and impact**, especially in rural areas.
- Progress is overrated in these areas.

Overarching Takeaways Across All Sessions

1. **Workforce Strain Is a System-Wide Concern**
    - Nearly every station raised challenges around recruitment, retention, and the need for specialized providers (peers, rural outreach, culturally informed clinicians).
2. **System Fragmentation Hinders Progress**
    - Participants consistently noted siloed services, lack of clear accountability, and poor integration across systems (healthcare, justice, schools, social services).
3. **Need for More Upstream Investment**
    - There was a strong collective emphasis on **prevention**, **early intervention**, and **supporting community-based care** over reactive or institutionalized models.
4. **Equity and Inclusion Must Be More Than Aspirational**
    - Equity for rural populations, tribal nations, and underserved groups was a shared priority—but participants called for **clear action plans**, **resources**, and **metrics**.
5. **Data Must Become Actionable**
    - Calls were made for **streamlined data systems**, cross-agency sharing, and tools that support **real-time decision-making and accountability**.
6. **Tele Behavioral Health Holds Promise but is Just One Strategy for Access**
    - Widely discussed as an access solution, but concerns remain over underuse, lack of training, and inability to replace in-person care in many situations.
7. **A Desire for Systemic Cultural Change**
    - There's a growing push for trauma-informed, person-centered, and collaborative systems—participants are seeking more than operational fixes; they want a shift in values and leadership culture.
8. **A Need to Add Metrics to Each Aim**
    - It was noted for dashboard purposes; the vocabulary of the ratings may need to be looked at. Consider starting with the consensus ratings of the BHPC members and then work to add metrics to each Aim.

Outcomes re: Next Steps for Plan/Process

- Immediate: Add consensus ratings to next dashboard
- Immediate: Change wording of "just beginning" rating to "modest progress"
- Shorter-term: Revisit vision statement at future meetings. Be sure to include "across the lifespan" in the language
- Shorter-term: Create a process for summarizing or "clearing out" older goals within each aim
- Shorter-term: Invite all BHPC members to step into liaison roles for aims

- Longer-term: Establish key metrics/indicators for each aim and display on the dashboard alongside consensus ratings

Aims – adjustments to be made in the fall

- Aim 2 - separate prevention and early intervention into two separate aims
- Aim 10 - Clarify intent and reframe
- Condense Aim 8 into Aim 3
- Aim 6 – Reframe/reorient to *Bolster diversion efforts and reentry support across the criminal legal system*
- Create new goals/focus on rurality
- Aim 12 – include a new goal focused on the 1915(i) rollout/implementation

Public Comments

None provided.

Lightening Round Updates

Updates were not provided due to meeting conclusion.

Adjournment

The meeting was adjourned by Chair, Melaine Gaebe at 3:57 PM

The next meeting is scheduled for Wednesday, October 15, 2025, at the Job Service ND Office. Please note this meeting will resume as a hybrid offering via Microsoft Teams.

Submitted by: Janell Regimbal, Facilitator